2.1 Medical Sevices

2.1.4 EPSDT Services

The Vendor will be required to conduct Early Periodic Screening Diagnostic and Treatment (EPSDT) screenings of its enrolled recipients under the age of twenty-one (21) years. The screening must meet the EPSDT requirements found in the Medicaid Services Manual (MSM) Chapter 1500; as well as 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act, and 42 CFR 441.50 through 441.62. The Vendor must conduct all interperiodic screening on behalf of enrolled recipients, as defined in the Medicaid Services Manual (MSM) Chapter 1500.

Medically necessary screening, diagnostic and treatment services identified in an EPSDT periodic or interperiodic screening must be provided to all eligible children under the age of 21 years if the service is listed in 42 U.S.C. § 1396 d(a). The Vendor is responsible for reimbursement of all medically necessary services under EPSDT whether or not the service is in the State Plan. The Vendor is responsible for the oral examination component of the EPSDT physical exam and referral to a dental provider, as per the dental periodicity schedule or when medically necessary. The Vendor is responsible for the coordination of care in order to ensure all medically necessary coverage is being provided under EPSDT. The services which need to be provided through the Vendor include, but are not limited to, the following in accordance with 1905(r) of the Social Security Act and the MSM Chapter 1500:

- 2.1.4.1 Screening services which include a comprehensive health and developmental history (including assessment of both physical and mental health development);
- 2.1.4.2 A comprehensive, unclothed physical exam;
- 2.1.4.3 Age-appropriate immunizations (according to current American Committee On Immunization Practices ACIP schedule);
- 2.1.4.4 Laboratory tests (including blood lead level assessment appropriate to age and risk as directed by current federal requirements);
- 2.1.4.5 Health education;
- 2.1.4.6 Vision services:
- 2.1.4.7 Dental services;
- 2.1.4.8 Hearing services; and

2.1.4.9 Other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Medicaid Plan.

The Vendor is not required to provide any items or services determined to be unsafe or ineffective, or which are considered experimental. Appropriate limits may be placed on EPSDT services based on medical necessity.

The Vendor is required to provide information and perform outreach activities to eligible enrolled children for EPSDT services. These efforts may be reviewed and audited by DHCFP or its designee. Refer to the Medicaid Services Manual (MSM), federal documents cited in this section, and Section 2.6.2.3 of this RFP.

2.3 RECIPIENT SERVICES

2.3.1.1.1 The enrollee handbook must include a distinct section for eligible recipients which explains the EPSDT program and includes a list of all the services available to children; a statement that services are free and a telephone number which the enrollee can call to receive assistance in scheduling an

2.6 QUALITY ASSURANCE STANDARDS

2.6.2.2 Comprehensive Well Child Periodic and Interperiodic Health Assessments/Early Periodic Screening Diagnosis and Treatment (EPSDT)/Healthy Kids

appointment;

2.6.2.2.1 Standard:

The Vendor shall take affirmative steps to achieve at least a participation rate greater than or equal to the national average for EPSDT screenings. Well childcare

promotes healthy development and disease prevention in addition to possible early discovery of disease and appropriate treatment.

2.6.2.2.2 <u>Measurement & Methodology</u>:

The following HEDIS measures will be reported:

- Children's Access to Primary Care Providers
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visits

DHCFP and/or EQRO may conduct on-site review as needed to validate medical measures reported.

DHCFP will require quarterly submission of progress reports outlining advances achieved in reaching the established EPSDT goals of the Vendor. The quarterly reports must address at a minimum these components: program monitoring, program evaluation, member outreach, provider education, and provider compliance with mandatory components of EPSDT visits. The progress report will determine the effectiveness of the Vendors interventions and is to be submitted in conjunction with the quarterly CMS 416 reports.

DHCFP and/or EQRO may conduct desk and/or on-site review as needed, to include, but not be limited to: policy/procedure for EPSDT, service delivery, data tracking and analysis, language in primary care provider contracts, and the process for notification of enrollees. Vendor internal quality assurance of the EPSDT program shall include monitoring and evaluation of the

referrals that are the result of an EPSDT screening.

The Vendor is required to submit the CMS 416 EPSDT Participation Report to the DHCFP for each quarter of the federal fiscal year (FFY), October 1st through September 30th. The Vendor is required to submit the final CMS 416 Report to the DHCFP no later than March 1st after the FFY reporting period concludes. The Vendor must send a quarterly report in order to track the progress the Vendor is making throughout the year. The Vendor is required to complete all line items of the CMS 416 Report and submit separate reports for the SCHIP and TANF/CHAP populations.

the Vendor cannot satisfactorily **DHCFP** demonstrate to at least participation rate not less than the national baseline average, as determined by DHCFP or its contracted External Quality Review Organization (EQRO) vendor, the Vendor may be required to submit a Plan of Correction (POC) to DHCFP. The POC should identify improvements and/or enhancements of existing outreach, education, and case management activities, which will assist the Vendor to improve the screening rate and increase the participation percentage.